

No. W 96516	Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ANGLESEY INSURANCE AGENCY, LLC DAVID D ANGLESEY 4922 YELLOWSTONE AVE STE A CHUBBUCK ID 83202		DAVE ANGLESEY 4922 YELLOWSTONE AVE STE A CHUBBUCK ID 83202			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DAVID D ANGLESEY	4922 YELLOWSTONE AVE STE A	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of: ID W 96516	6. Annual Report must be signed.* Signature: David Anglesey Name (type or print): David Anglesey		Date: 07/29/2016 Title: Manager			
Processed 07/29/2016		* Electronically provided signatures are accepted as original signatures.				